



**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

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As below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MOBILE SHEET MATERIAL CUTTING DEVICE, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>COUNTRY</u>	<u>APPLICATION NO.</u>	<u>FILED (DAY/MO/YR)</u>	<u>(Yes/No) PRIORITY CLAIMED</u>
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I hereby appoint Anthony J. Bourget (Registration No. 36,753) as my attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

ADDRESS ALL CORRESPONDENCE TO:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full Name of Third Joint Inventor, if any: _____

Inventor's Signature: _____

Date: _____ Citizen/Subject of: _____

Residence: _____

Post Office Address: _____